Fill in this information to identify the case:

Debtor ___IMMERGENT INVESTMENTS LLC_____ United

States Bankruptcy Court for the: _____ District of _____
(State)

Case number _____
(If known)

☐ Check if this is an
amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims   **12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* **(Official Form 206A/B) and on** *Schedule G: Executory Contracts and Unexpired Leases* **(Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.**

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).
   ☒ No. Go to Part 2.
   ☐ Yes. Go to line 2.

2. **List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	**Priority amount**

2.1 **Priority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Basis for the claim:
_____

Is the claim subject to offset?
☐ No
☐ Yes

2.2 **Priority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Basis for the claim:
_____

Is the claim subject to offset?
☐ No
☐ Yes

2.3 **Priority creditor's name and mailing address**
_____
_____
_____

As of the petition filing date, the claim is: $_____ $_____
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred
_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Basis for the claim:
_____

Is the claim subject to offset?
☐ No
☐ Yes

Debtor _____   Case number *(if known)*_____
                   Name

Part 1.	Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.	Total claim	Priority amount

2.__ **Priority creditor's name and mailing address**

_____

_____

_____

Date or dates debt was incurred

_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim:
_____

Is the claim subject to offset?
❑ No
❑ Yes

$_____ $_____

2.__ **Priority creditor's name and mailing address**

_____

_____

_____

Date or dates debt was incurred

_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim:
_____

Is the claim subject to offset?
❑ No
❑ Yes

$_____ $_____

2.__ **Priority creditor's name and mailing address**

_____

_____

_____

Date or dates debt was incurred

_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim:
_____

Is the claim subject to offset?
❑ No
❑ Yes

$_____ $_____

2.__ **Priority creditor's name and mailing address**

_____

_____

_____

Date or dates debt was incurred

_____

Last 4 digits of account number ___ ___ ___ ___

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim:
_____

Is the claim subject to offset?
❑ No
❑ Yes

$_____ $_____

Debtor _____   Case number (*if known*)_____
        Name

Part 2:	List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 | **Nonpriority creditor's name and mailing address**
H-1 AUTO CARE, LLC

7430 E. Butherus Dr., Suite A
Scottsdale, AZ 85260

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: _____

$ 17,839

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.2 | **Nonpriority creditor's name and mailing address**
WFB BUSINESS CARD

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: _____

$ 6,545

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.3 | **Nonpriority creditor's name and mailing address**
Capital One Spark Business

PO Box 60519
City of Industry, CA 91716-0519

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: _____

$ 2,229

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.4 | **Nonpriority creditor's name and mailing address**
American Express Platinum Business

PO Box 60189
City of Industry, CA 91716-0189

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: _____

$ 3,260

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.5 | **Nonpriority creditor's name and mailing address**
Success Management 101

2242 Aspen Mirror Way, #202
Laughlin, NV 89029

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Basis for the claim: _____

$ 8,000

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

3.6 | **Nonpriority creditor's name and mailing address**

As of the petition filing date, the claim is:
Check all that apply.
☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

$ _____

Date or dates debt was incurred _____
Last 4 digits of account number __ __ __ __

Is the claim subject to offset?
☐ No
☐ Yes

Debtor _____   Case number (*if known*)_____
              Name

Part 2:	Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.	Amount of claim

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed
❑ Liquidated and neither contingent nor disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

3.___ **Nonpriority creditor's name and mailing address**

_____

_____

_____

As of the petition filing date, the claim is:
Check all that apply.
❑ Contingent
❑ Unliquidated
❑ Disputed

Basis for the claim: _____

$_____

Date or dates debt was incurred _____

Last 4 digits of account number ___ ___ ___ ___

Is the claim subject to offset?
❑ No
❑ Yes

Debtor _____   Case number *(if known)*_____
　　　　　　Name

Part 3:	List Others to Be Notified About Unsecured Claims

4. **List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

   If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

4.1. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.2. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.3. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.4. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

41. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.5. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.6. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.7. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.8. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.9. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.10. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

4.11. _____   Line ____
     _____   ❏ Not listed. Explain _____   __ __ __ __
     _____   _____

Debtor _____ Case number *(if known)*_____
        Name

Part 3:	Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___
4.__ _____ _____ _____	Line ____ ☐ Not listed. Explain _____ _____	___ ___ ___ ___

Debtor _____   Case number *(if known)*_____
                Name

Part 4:	Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. **Total claims from Part 1**	5a.	$____0_____
5b. **Total claims from Part 2**	5b. **+**	$___**37,873**_____
5c. **Total of Parts 1 and 2** Lines 5a + 5b = 5c.	5c.	$___**37,873**_____